

FILED  
IN CLERK'S OFFICE  
U.S. DISTRICT COURT D.N.Y.

★ FEB 16 2023 ★

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF NEW YORK

LONG ISLAND OFFICE

CV 23-2154

CIVIL RIGHTS COMPLAINT

42 U.S.C. § 1983

YESSUH SMYYES HUSSEY

Plaintiff,

[Insert full name of plaintiff/prisoner]

JURY DEMAND

YES ☒ NO ☐

-against-

CASE: 1:22-CV-06566

AO, PO, MICHAEL LABRIELE 3344

-PKC-LB

AO'S PARTNER, PO THOMAS WARD 21847

Chen, J

PO DANNY BERMED 02101

Bloom, M.J.

SGT MARCELO BINALTI 05093

SGT DAVID YAN 1603

PO MISSON O'HAGAN 5942, NIKOY WALLACE 25344

Defendant(s).

PO, RAFAEL BORDIERO 11395

[Insert full name(s) of defendant(s). If you need additional space, please write "see attached" and insert a separate page with the full names of the additional defendants. The names listed above must be identical to those listed in Part I]

- I. **Parties:** (In item A below, place your name in the first blank and provide your present address and telephone number. Do the same for additional plaintiffs, if any.)

A. Name of plaintiff YESSUH SMYYES HUSSEY

If you are incarcerated, provide the name of the facility and address:

ANNA M KROSS CENTER

1818 HAZEN STREET

EAST ELMHURST 11370, RIVER ISLAND

Prisoner ID Number: NYSD#13124253K

BS#3492102369

If you are not incarcerated, provide your current address:

---

---

---

Telephone Number: NONE

**B. List all defendants.** You must provide the full names of each defendant and the addresses at which each defendant may be served. The defendants listed here must match the defendants named in the caption on page 1.

Defendant No. 1

MICHAEL LABIBELE 3344

Full Name

ARRESTING OFFICER

Job Title

13 PRECINCT MANHATTAN

NEW YORK

Address

Defendant No. 2

THOMAS WARD

Full Name

ARRESTING OFFICER PARTNER

Job Title

13 PRECINCT MANHATTAN

NEW YORK

Address

Defendant No. 3

\_\_\_\_\_  
Full Name

\_\_\_\_\_  
Job Title

Address

Defendant No. 4

Full Name

Job Title

Address

Defendant No. 5

Full Name

Job Title

Address

**II. Statement of Claim:**

(State briefly and concisely, the facts of your case. Include the date(s) of the event(s) alleged as well as the location where the events occurred. Include the names of each defendant and state how each person named was involved in the event you are claiming violated your rights. You need not give any legal arguments or cite to cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. You may use additional 8 ½ by 11 sheets of paper as necessary.)

Where did the events giving rise to your claim(s) occur? INSIDE WEST 25TH  
14 STREET GUITAR CENTER, MANHATTAN  
NEW YORK 10011

When did the events happen? (include approximate time and date) AUGUST 03  
2021 13:29 PM

Facts: (what happened?) NARRATIVE ON FILE "WHEN I ATTEMPTED TO PLACE DEFENDANT UNDER ARREST FOR THE ABOVE-DESCRIBED CONDUCT, HE FRAULED ~~HER~~ ARMS, TENSED HIS ARMS, KICKED AT OFFICERS, ATTEMPTED TO TWIST AWAY FROM ME, REFUSED TO PUT HIS HANDS BEHIND HIS BACK, PULLED HIS ARMS OUT OF MY GRASP, AND ATTEMPTED TO RUN AWAY." ⇒ CLASS A MISDEMEANOR PL 210.45. WHAT ACTUALLY HAPPENED WAS AND CAN ALSO BE PROVED IN THE AXON BODY WORN CAMERA FOOTAGES IS THAT I WAS AT A STAND STILL WHEN TWO OFFICERS 1ST APPROACHED THEN STARTED KICKING AND PUNCHING ME AND TRIED TO REMOVE MY PANTS ON THE GROUND IN THE STORE. I DID NOT ATTACK THEM THEY ATTACKED ME.

**II.A. Injuries.** If you are claiming injuries as a result of the events you are complaining about, describe your injuries and state what medical treatment you required. Was medical treatment received?

EXCESSIVE BACK PAIN & JOINT PAIN,  
SEVERE HEADACHES & MENTAL CRUELTY.

III. Relief: State what relief you are seeking if you prevail on your complaint.

I ORDER THE MONETARY COMPENSATION OF  
ABOUT \$500,000.00 & DOLLARS IN THIS  
LEGAL MATTER; PERMITTED BY THE FEDERAL  
COURT.

I declare under penalty of perjury that on 01/05/2023, I delivered this  
(date)  
complaint to prison authorities at ANNA M KROSS CENTER to be mailed to the United  
(name of prison)  
States District Court for the Eastern District of New York.

I declare under penalty of perjury that the foregoing is true and correct.

Dated: 01/05/2023

[Signature]  
Signature of Plaintiff

ANNA M KROSS CENTER  
Name of Prison Facility or Address if not incarcerated

1818 HAZEN STREET  
EAST ELTHURST 11370  
RIKER ISLAND  
Address

NYSID #1512425312 BCL# 3492102369  
Prisoner ID#





7022 2410 0003 0117 0639

FROM - JESSIE H. SUTHERS HUSSEY  
ANNA M. KROSS LENTER  
1818 HAZEN STREET  
EAST ELMHURST, NY 11370

FILED  
IN CLERK'S OFFICE  
DISTRICT COURT E.D.N.Y.

FEB 16 2023 ★

ISLAND OFFICE

DISTRICT JUDGE - PAMELA K. CHEN  
TO - CLERK OF U.S. DISTRICT COURT  
EASTERN DISTRICT OF NEW YORK  
225 CADMAN PLAZA EAST  
BROOKLYN NEW YORK 11201

LEGAL DOCUMENT  
LEGAL MAIL